

State File No. 5621  
Registrar's No. 8

BIRTH NO. 48-18166 REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 2822 Registrar's No. 8

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY	<i>New Madrid Co</i>	a. STATE	<i>Mo</i> b. COUNTY <i>New Madrid</i>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	<i>Rural Como</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	<i>Parsons R 2</i> <i>73</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION	<i>none</i>	d. STREET ADDRESS (If rural, give location)	<i>3</i>

3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)			
		THOMASIE		LEWIS		MAYES		1-25-49			
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		10. MONTHS		11. DAYS	
Male	White	Single		13 Dec-48		No		1		14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)				12. CITIZEN OF WHAT COUNTRY?			
None		None		Malden Mo				USA			

13a. FATHER'S NAME <i>Red Mayer</i>		13b. MOTHER'S MAIDEN NAME <i>Anna May Seibel</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i> <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Red Mayer</i>	
		ADDRESS <i>Parma, Pa</i>			

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b> <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Pneumonia broncho</u>		OBSERVATION BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) <u>presenting</u> DUE TO (c)		ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY	(Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 10, 1949, to Jan 13, 1949; that I last saw the deceased alive on Jan 3, 1949, and that death occurred at 4:0 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. Gailen Ford</i>	(Degree or title) <i>MD</i>	23b. ADDRESS <i>Holden, Mo</i>	23c. DATE SIGNED <i>2/15/49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
	Jan 26-49	Park Cem	Malden, Mo

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
2/18/49	Wm. W. Shuster	Wallace R. Knicker	

(Licensed Embalmer's Statement on Reverse Side)

**WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD**

RECEIVED  
District Health Office N  
District File Number 249  
Date Filed 2-2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>NOT</sup> embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Wallace R. Knight*

Licensed Embalmer No. 45014

P. O. Address

*Malden, m*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.